

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-047650

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 200 Primary Registration District No. 3041 Registrar's No. 201

FILED JAN 10 1967

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Nebraska</u> b. COUNTY <u>Custer</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Macon</u>		c. CITY OR TOWN <u>Broken Bow</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>D.O.A. Samaritan Hosp.</u>		d. STREET ADDRESS (If outside, give location) <u>108 S. F.</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>CANDACE ANN TROXEL</u>		4. DATE OF DEATH Month Day Year <u>Dec. 19 1962</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10/1/1943</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>College</u>	
13a. FATHER'S NAME <u>Oscar Francis Troxel</u>		13b. MOTHER'S MAIDEN NAME <u>Beatrice L. Doty</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>[REDACTED]</u>	
17. INFORMANT <u>Oscar Troxel</u>		Address <u>Broken Bow, Nebr</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Multiple injuries to legs + body sudden</u> <u>Auto accident</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>[REDACTED]</u> DUE TO (c) <u>[REDACTED]</u>		INTERVAL BETWEEN ONSET AND DEATH <u>[REDACTED]</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>[REDACTED]</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Auto Accident</u>	
20c. TIME OF INJURY Hour <u>1:30</u> Month, Day, Year <u>12/19/62</u> p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway # 36</u>		20f. CITY, TOWN, OR LOCATION <u>Macon</u> COUNTY <u>Macon</u> STATE <u>Mo</u>	
21. I attended the deceased from <u>11:30 pm</u> to <u>[REDACTED]</u> and last saw her alive on <u>[REDACTED]</u> Death occurred at <u>11:30 pm</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Howard D. [REDACTED] MD Coroner</u>		22b. ADDRESS <u>Macon</u>	
22c. DATE SIGNED <u>12/21/62</u>		23. LOCATION (City, town, or county) (State) <u>Broken Bow Nebr.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12/24/1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Broken Bow</u>	
24. FUNERAL DIRECTOR <u>[REDACTED]</u>		25. DATE RECD. BY LOCAL REG. <u>12/28/62</u>	
ADDRESS <u>Macon, Mo.</u>		26. REGISTRAR'S SIGNATURE <u>Paul M. [REDACTED]</u>	

JAN 18 1963

MAY 28 1963

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*R. Lester Brown*

Licensed Embalmer No. 4472

P. O. Address Mason, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.